

**DISTRICT OF COLUMBIA, CHILD AND FAMILY SERVICES AGENCY (CFSA)**

**SOLICITATION, OFFER AND AWARD**

**OR SUPPLIES OR SERVICES**

**SECTION A**

**1. ISSUED BY/ADDRESS OFFER TO:**

Office of Contracting and Procurement  
955 L'Enfant Plaza, SW Suite 5200  
Washington, DC 20024  
(202) 724-5300

**2. PAGE OF PAGES**

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**3. CONTRACT NUMBER:**

**4. SOLICITATION NUMBER:**

**CFSA-05-R-0028**

**5. DATE ISSUED:**

**6. OPENING/CLOSING TIME**

SEPTEMBER 19, 2005/OCTOBER 19, 2005

**7. TYPE OF SOLICITATION**

( ) **SEALED BID**

(x) **NEGOTIATION (RFP)**

**8. DISCOUNT FOR PROMPT PAYMENT:**

NOTE: IN SEALED BID SOLICITATION "OFFER AND OFFEROR" MEANS "BID AND BIDDER"

**SOLICITATION**

**9.** Sealed offers in original and 5 copies for furnishing the supplies or services in the Schedule will be received at the places specified in block (1), or if hand carried, in the depository located in block one(1) until 4:00 PM local time on **OCTOBER 19, 2005**.

CAUTION: LATE Submissions, Modifications and Withdrawals: See Section L. All offers are subject to all terms and conditions contained in this solicitation.

**10. INFORMATION**

CALL: **202-724-5300**

**A. NAME:**

**Denise J. Carter**

**B. TELEPHONE NUMBER:**

**C. E-MAIL ADDRESS**

**denise.j.carter@dc.gov**

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**OFFER (TO BE COMPLETED BY OFFEROR)**

**12.** In compliance with the above, the undersigned agrees, if the offer is accepted with 180 calendar days (120 calendar days unless a different period is inserted by the Offeror) from the date for receipt of offers specified above, that with respect to all terms and conditions by the CFSA under "AWARD" below, this offer and the provisions of the RFP/IFB will constitute a Formal Contract. All offers are subject to the terms and conditions contained in the solicitation.

**13. ACKNOWLEDGEMENT OF AMENDMENTS**  
(The Offeror acknowledge receipt of amendments to the SOLICITATION for Offerors and related documents numbered and dated):

AMENDEMENT NO:

DATE:

**14. NAME AND ADDRESS OF OFFEROR:**

**15. NAME AND TITLE OF PERSONAL AUTHORIZED TO SIGN OFFER: (Type or Print)**

**14A. TELEPHONE NUMBER:**

AREA CODE:

NUMBER:

EXT:

**15A. SIGNATURE:**

**15B. OFFER DATE:**

**16. ACCEPTED AS TO THE FOLLOWING ITEMS:**

**17. AWARD AMOUNT**

**18. NAME OF CONTRACTING OFFICER: (TYPE OR PRINT)**

**19. CONTRACTING OFFICER SIGNATURE**

**20. AWARD DATE**

IMPORTANT NOTICE: AWARD WILL BE MADE ON THIS FORM, OR ON CFSA FORM 26, OR BY OTHER AUTHORIZED OFFICIAL WRITTEN NOTICE